

Office Policies and Consent to Dental Treatment

Our office is dedicated to improving the oral health of your child. Through education, prevention, and intervention, we can accomplish these goals. We encourage you to take an active role in your child's oral health. The American Academy of Pediatric Dentistry has published guidelines which our office is committed to following. In accordance with those, recommendations may be made relevant to your child's level of risk for getting cavities. **It is imperative that you notify our office of any change in your child's health.** We also encourage you to let us know of any extenuating circumstances in your child's life so we can better care for your child. **By signing this form, you acknowledge that you understand that today's treatment may include the following treatments:**

Complete Exam including Radiographs

Limited Emergency Exam including Radiographs

Intra Oral Photographs

Dental Cleaning (Toothbrush or rubber cup prophylaxis with prophy paste)

Fluoride Varnish (Proven to be effective in reducing dental decay)

Oral Hygiene Instructions and Diet Counseling

Teen Counseling (habits, drug use, tobacco, other high risk behaviors that have dental consequences)

Dental Treatment Sometimes, one or more of the above treatments may not be able to be obtained due to pre-cooperative behavior or anxiety. We make every attempt to make your child feel comfortable, welcome, and relaxed. Our doctors and staff are highly trained in behavior guidance techniques that will help your child in the dental setting. These include:

Positive Reinforcement

Tell - Show - Do (This is a technique in which we first tell your child about a procedure, then we show them the procedure either on a model or stuffed animal, then we do the procedure).

Distraction This can be a very effective tool for the anxious child. Televisions, redirecting the conversation, or other aids may be used.

Parental Absence or Presence We encourage you to accompany your child into the treatment area. Most children do well with the parent/guardian present. On occasion, a child may be more attentive to the dentist/staff when parents are not present. Parents may be asked to step into the hallway or into the waiting room in order to obtain cooperation. This is used only in special/extenuating circumstances. Most children are comfortable coming to the treatment area without a parent. There may be times when we may ask parents to come into the treatment area if we need assistance in gaining cooperation or communication with your child.

Nitrous Oxide This is a pharmacologic aid to help relax your child. It is very safe and effective. It is administered to help children reduce anxiety and it also helps relax the gag reflex. This is an immediate acting sedative and only works while the child is breathing it through his/her nose. Once 100% oxygen is given at the end of the appointment, it is no longer effective and there is no prolonged sedation/effect. Nitrous Oxide works best for children who have a clear airway and can breathe through their nose. A child who has a congested airway may not feel the full effect of the agent. The main documented side effect is nausea. Some children may experience nausea with nitrous oxide. To reduce this side effect, we encourage parents to only give their child a light meal before the dental appointment.

Protective stabilization We do not routinely provide physical restraint in this office. Special circumstances may arise where a child could be injured by raising their arms or moving their head. To provide the safest treatment, the dentist or staff may gently hold their hand, head, or arms away from the equipment/dental instruments being used. Sometimes, we encourage parents to aid in holding their child still to complete a procedure.

Local Anesthesia: I understand that the administration of local anesthesia and its performance carries certain risks, hazards, and unpleasant side effects which are infrequent, but nonetheless may occur. They include but are not limited to the following: Nerve damage or paresthesia (which may be permanent), a temporary, increased heart rate and/or flushed feeling, allergic reaction, hematoma or swelling near or at the injection site, trismus or difficulty opening jaw for a short time after the injection, facial paralysis, soft tissue damage after the dental procedure due to biting of tongue and cheek, or burning tissues with hot food or beverage while still numb, infection, sloughing of tissue, ocular complications, needle breakage.

By signing this form, you are stating that you are the child's parent or legal guardian, and you understand that some or all of the procedures listed above may or may not be performed, today or in subsequent visits. You are acknowledging that the dentist may make decisions in the best interest of your child. In regard to behavior management techniques, any or all of the above listed techniques may be used to help your child have a safe and positive experience.

Child _____ Parent/Guardian _____ Date _____